



# Immunize Utah

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Utah Department of Health Immunization Program

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## Best Strategies for the Upcoming Flu Season

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**Adult Immunization Coordinator**  
**Utah Immunization Program**

**E**pidemics of influenza generally occur during the winter months on an annual or near annual basis and are responsible for approximately 20,000 deaths in the United States each year. Influenza virus infections cause disease in all age groups. Rates of infection are highest among infants, children, and adolescents, but rates of serious morbidity and mortality are highest among people 50 years of age or older and people of any age who have medical conditions that place them at high risk for complications from influenza.

Annual vaccination of people at high risk for complications before the influenza season is the most effective measure for reducing the impact of influenza. In Utah, due to the 2002 Winter Olympic Games coinciding with the influenza season, vaccination for influenza is particularly important. Persons at greatest risk from influenza include those 65 years of age and older, those in institutionalized care, children and adults with certain chronic

diseases, particularly of the lungs and heart, health care workers, close contacts of high-risk individuals, women in the second or third trimester of pregnancy, and all travelers. Individuals between 50 and 65 are also at increased risk and are recommended to receive an annual influenza vac-

cination. A comprehensive list of recommendations for the 2001/2002 flu season may be found on the web at: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5027a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5027a3.htm)

Pneumococcal vaccination is another first-line defense against serious complications from the flu. Target groups for influenza and pneumococcal vaccination overlap considerably. Both vaccines can be administered at the same time at different sites without increasing side effects. However, influenza vaccine is administered each year, while pneumococcal vaccine is not. Infants and children at high risk for influenza-related complications can receive influenza vaccine at the same time they receive other routine vaccinations.

High-risk children comprise an often overlooked group that should receive influenza and pneumococcal vaccinations. The vaccination rate among high-risk children recommended for annual influenza vaccination is very low. High-risk children who are eligible for vaccines under the Vaccines for Children (VFC) Program can receive the vaccine at no cost. Providers may bill Medicaid for administration fees or charge these fees to the parents of VFC-eligible children not enrolled in Medicaid. Providers interested in enrolling in the VFC Program should contact the Utah Department of Health/ Immunization Program at (801) 538-9450.

Manufacturers have reported that even though current projections of the total vaccine supply expected for this year exceed that of prior years, there will be delays in the delivery and the completion of delivery could be as late as December. Approximately 25% or less of the total vaccine supply will be available in October and should be used to vaccinate only high risk individuals. The Utah Department of Health Immunization Program therefore encourages all

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# How Does The School Law Apply To Me?

**By Caroline E. Green, CHES, RN  
Child Care, School, and Adolescent Coordinator  
Utah Immunization Program**

**As** a new school year has begun, many children have been in your office needing immunizations required for attendance at a school, Head Start program, or day care centers. It is state law that all children attending these facilities have proof of immunizations. You may wonder how the school law applies to you and your clinic.

The “school law” is comprised of Utah Statutory Code (53A-11-301 through 306)—*Students in Public Schools* and subsequent rule (R396-100)—*Immunization Rule for Students*. They become the working guideline for those who must certify student immunization records. School staff, nurses, and administrators use the school law to determine if a student meets all requirements upon review of their immunization records. The Immunization Rule for Students is based upon the “Recommended Childhood Immunization Schedule” published by the Centers for Disease Control and Prevention (CDC). In turn, this schedule is developed from the recommendations of the national Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sector, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

With an increasingly complicated immunization schedule, it is crucial that intervals between doses are closely followed to ensure a child is adequately immunized and is in compliance with the Immunization Rule for Students. The rule clearly states that vaccinations must be administered according to recommendations from the ACIP. If a dose is given too early, it is counted as an invalid dose and must be repeated. Without getting into a debate about immunity, the ultimate determination of a

child being adequately immunized is completion of the requirements for school entry as stated in the Immunization Rule for Students.

The process to ensure children are appropriately immunized for school and child care attendance incorporates the efforts of health care providers, school officials, school nurses, and parents working together. Each is a valuable component in the effort to establish compliance. I strongly encourage you, as the health care provider to follow the recommended schedule as closely as possible. Deviation from it often results in frustration by the parents, schools, and providers. Equality is accomplished when the prescribed law is observed. The desired outcome is then achieved – to keep Utah’s children protected from vaccine preventable diseases.

In an effort to help you understand the Immunization Rule for Students better, a provider guidebook is being developed. A similar guidebook has recently been created for school and childcare officials. The provider guidebook should be available by early November. You may request a guidebook by contacting the Utah Immunization Program at 1-801-538-9450.

I applaud your diligent efforts to immunize Utah’s children and appeal for your help in complying with the Utah Immunization Rule for Students. If you have questions regarding the school law, please contact the Utah Immunization Program. ☀



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providers to use the following CDC general guidelines for the 2001/2002 influenza season:

**Target use of vaccine available early in the season to persons at greatest risk of complica-**

**Defer vaccination of low risk persons until November when vaccine supplies should increase.**

**Extend the recommended optimal time for vaccination from October through the end of November and encourage continued vaccination through December and later, as long as vaccine is available.**

If you have questions about this year's influenza season, or would like information about influenza clinic sites and schedules, call the **Immunization Hotline at 1-800-275-0659.** \*



## Mark Your Calendars !

American Public Health Association Conference	
Atlanta, GA	Oct. 21 – 25
Epidemiology & Prevention of Vaccine-Preventable Diseases Course	
Norwalk (LA), CA	Nov. 5 – 6
Folsom (Sacramento), CA	Nov. 8 – 9
National Immunization Coalition Conference	
San Antonio, TX	January 9 – 11

### CDC Satellite Broadcasts

Vaccinations for International Travel December 13

Continuing education credits are offered for each broadcast.  
For more info, contact Becky Ward at (801) 538-9450.

## Medical Exemption Forms Now Available!

By Caroline E. Green, CHES, RN  
Child Care, School, and Adolescent Coordinator  
Utah Immunization Program

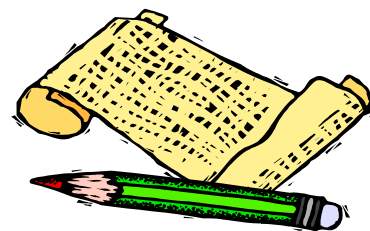
Utah allows medical, religious, and personal exemptions to immunization as stated in Section 53A-11-302 of the Utah Statutory Code. For the first time, separate forms have been developed for each exemption. This was done to standardize the exemption process.

A parent/guardian needing a religious or personal exemption form may obtain one at a county health department. However, the medical exemption form must be obtained through a physician. Medical exemption forms are now available for medical providers to have in their office or clinic and may be obtained by contacting the Utah Immunization Program at 1-801-538-9450.

A medical exemption may be claimed for all immunizations or for one immunization (i.e. a live virus vaccine like MMR). The medical exemption may also be temporary due to the immunocompromised condition

of a child or household member. A licensed physician must indicate on the exemption form the appropriate reason for the exemption. The signature of the child's licensed physician is required as defined in Section 53A-11-302 of the Utah Statutory Code. The white and yellow copies are to be given to the parent/guardian while the pink copy should remain in the child's medical record.

During this transition time, your patience is greatly appreciated. Your request to obtain medical exemption forms will be processed quickly so as not to delay a child meeting immunization requirements for school or child care attendance. You will also be given exemption forms for future use. If you have any questions, please contact the Utah Immunization Program at 1-801-538-9450.❖



# EVERYTHING YOU WANTED TO KNOW ABOUT VAERS (BUT WERE AFRAID TO ASK)

By Martee Hawkins, RN  
VAERS Coordinator  
Utah Immunization Program

**T**he Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety surveillance program sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS collects and analyzes information from reports of adverse events following immunization that may be possibly related to the vaccine or vaccines administered.

Since beginning in 1990, VAERS had received over 123,000 reports. Most reports describe mild side effects like fever. Very rarely, people experience serious adverse events following immunization. By monitoring such events, VAERS may help to identify any important new safety concerns and help to ensure that the benefits of vaccine continues to be far greater than the risks.

VAERS encourages reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States, even if is not certain that the vaccine caused the event.

Anyone can report to VAERS. Public health departments, private health care providers, and vaccine recipients usually submit reports to VAERS. Vaccine recipients or their parents/guardians are encouraged to seek help from their health care provider when reporting to VAERS.

Why should you as a health care provider report adverse events to VAERS? Rotavirus vaccine is a perfect example. When reports of intussusception were sent to VAERS, an expedited review of data was completed. A large multi-state investigation was conducted. Data indicated a strong association between Rotavirus vaccine and intussusception. Rotavirus was subsequently withdrawn from use. VAERS data indicated a possible problem, which led to a more definitive study, which lead to

public health action. All vaccine providers can contribute to the success of this system by reporting any adverse event that might be related to vaccination in children and adults. This system works because you make it work.

Report forms may be obtained by calling the Immunization program at 538-9450. They can also be downloaded from the internet.

Completed forms from **public** providers **must** be submitted to the Utah Immunization Program.

Utah Department of Health  
Immunization Program  
PO Box 142001  
SLC, UT 84114-2001  
FAX (801) 538-9440

Completed forms from private providers should be submitted directly to VAERS.

VAERS  
PO Box 1100  
Rockville, MD 20849-1100  
FAX (877) 721-0366

More information may be obtained from these sources.

VAERS website	<a href="http://www.vaers.org">www.vaers.org</a>
CDC VAERS website	<a href="http://www.cdc.gov/nip">www.cdc.gov/nip</a>
FDA VAERS website	<a href="http://www.fda.gov/cber/vaers/vaers.htm">www.fda.gov/cber/vaers/vaers.htm</a>

Utah Department of Health, Immunization Program (801) 538-9450.\*



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# Protect Your Vaccine Supply

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VFC Coordinator  
Utah Immunization Program

**W**ith the rising cost of vaccines it is important to take the necessary precautions to protect your vaccine supply. It is reasonable that every practice/clinic develop a written routine and emergency vaccine handling plan. The following is a guide for what your vaccine handling plan should contain.

## Routine Vaccine Handling/Storage Plan

Develop and adhere to a written routine vaccine storage and security plan specifying:

- designated primary and secondary person responsible for routine vaccine storage and security;
- refrigerator/freezer temperatures will be monitored twice a day;
- vaccines are immediately unpacked and stored at recommended temperatures upon receiving of shipment;
- storage unit doors are routinely checked at the end of the day to ensure they are closed and, if possible, padlocked; and
- maintenance and cleaning personnel will be advised not to unplug storage units; safety outlet covers are in place, and **Do Not Unplug** stickers are placed near the outlet and circuit breakers.

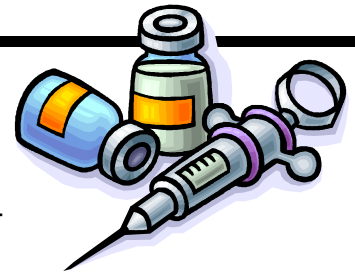
## Emergency Vaccine Handling/Storage Plan

Develop and post an emergency vaccine storage plan to deal with a malfunction in refrigeration and/or freezer units or any other emergency/disaster that might compromise manufacturer recommended vaccine temperature maintenance. This plan should assure vaccines are stored properly as quickly as possible. It should specify:

- designated primary and secondary person responsible for emergency vaccine storage and security;
- personnel with 24-hour access to the

building and refrigeration units in which vaccine is stored;

- how designated personnel are notified in the event of a vaccine storage emergency;
- steps to follow for proper handling and storage of vaccines after the emergency has occurred;
- alternate storage units and facilities (e.g., a back-up refrigerator, the fire department, a nearby hospital, or another providers, etc.) and procedures that the designated personnel should follow to access those units and facilities.



All staff should be required to review the emergency plan. It should also be posted in a prominent location such as the door to your vaccine area or on the refrigerator. **All office staff including the janitor and the security guard should know the standard procedure to follow and where/how the individual vaccines are to be stored.**

In the event of equipment breakdown or power outage, every attempt should be made to move the vaccine supply to another refrigeration unit as soon as possible. Any vaccine that has been allowed to warm above the recommended temperatures should be placed back in refrigeration, but clearly separated from the undamaged supply. The vaccine should not be used until the Utah VFC Program or vaccine manufacturer has been contacted for instructions on how to proceed. Depending on manufacturer specifications, the vaccine may still be viable.

**Each provider is individually responsible for contacting manufacturers to discuss whether their vaccines may have been compromised.**

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**Special Note: Utah VFC Program staff will ask for a copy of the office vaccine handling emergency plan during on-site visits. For more information contact the Utah VFC Program at 1-801-538-9450.♣**



Utah Department of Health

## IMMUNIZATION PROGRAM

Immunize for healthy lives

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Salt Lake City, UT 84114-2001

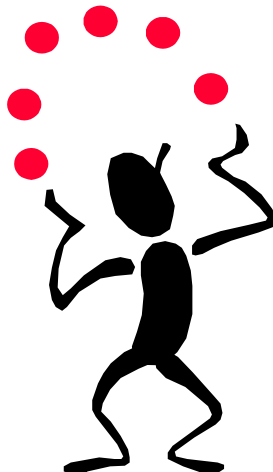
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### Juggling Immunization Information?

These  
web resources  
can help!

[www.  
vaccinesafety.  
edu](http://www.vaccinesafety.edu)

[www.  
immunize.  
org](http://www.immunize.org)



[www.  
immunize-utah.  
org](http://www.immunize-utah.org)

[www.  
cdc.  
gov/nip](http://www.cdc.gov/nip)

[www.  
immunizationinfo.  
org](http://www.immunizationinfo.org)